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PTO/SB/05 (03-01)
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UTILITY PATENT APPLICATION **TRANSMITTAL**

First Inventor Ward D. Halverson Title METHOD AND APPARATUS FOR, etc.

Attorney Docket No. 101430-0131

Mail Lahel No El 935923123119

(Only for new non	provision	al applications under	· 37 CFR 1.53(b)) Expre	SS IVI	ali Label No.	ELO	0002312	303
	APPLI	CATION ELEN	/ENTS			ADDRESS	s TO:		nt Application sioner for Patents
See MPEP chapt	er 600 cc	nceming utility pat	ent application	contents.				Washing	ton, DC 20231
1. X Fee Trai (Submit and (Sub	nsmittal Faroriginal, and claims CFR 1.27 action ation	Form (e.g., PTO/SB and a duplicate for fee prosmall entity status. [Town sent set forth below) of the invention e to Related Application and the form of the Invention of the Invention of the Invention of the Invention of the Drawings (if fill pition Disclosure 1.S.C. 113) [Town ted (original or copported application or copported application or copported application (3)	ons R & D a dix Fotal Sheets Fotal Pages	23]1 4]1 4]1	7. 8. 9. 10. 11. 12. 13.	Computer Nucleotide and (if applicable, a a. Comput b. Specification i. C c. Stateme ACCON X Assignme 37 CFR 3 (when the English Ti Informatio Statement Preliminal X Return Re	Program flor Aminal necess ter Reada n Sequen CD-ROM ents verifi nt Papers 73(b) Sta re is an a ranslation on Disclose t (IDS)/Pr ry Amend eceipt Pos	in duplicate, a (Appendix) to Acid Sequesary) able Form (Cocce Listing or or CD-R (2 cying Identity NG APPLI is (cover she atterment assignee) a Document sure FO-1449 liment steard (MPE	large table or ence Submission CRF) n: copies); or ii. paper of above copies CATIONS PARTS et & document(s))
i	(for continuation/divisional with Box 18 completed)				(Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is calimed)				
	inventor(s) named in the prior a FR 1.63(d)(2) and 1.33	ipplication, 3(b).		16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
			-(-)		17. X Other: 1. Patent Cover Sheet.				
6. X Applicat	6. X Application Data Sheet. See 37 CFR 1.76				2. Checks for \$1,294.00 for filing fee and \$40.00 for recording assignment.				
18. If a CONTINU								preliminary an	nendment, or in an Application
Continua		Divisional	Continuat	ion-in-part (CIP)	of prior applicat			
		ation: Examiner	anhu The enti	a disalas	a ad Al	 '	p / Art Un		h or declaration is supplied
under Box 5b, is	consider	ed a part of the disc	closure of the a	ccompanyin	g con	itinuation or divis	lonal app	lication and	is hereby incorporated by litted application parts.
			19. C	ORRESPO	NDE	NCE ADDRES	SS		
Custome		er or Bar Code Lab						or X	Correspondence address below
Name		TER, MCCLE Mollaaghaba		ISH, LLF					
Address	One	International I	Place						
City Boston State			MA	\		Zip Code C	2110-2699		
Country US Telephone (6				(61	7) 439-2000)	Fax	(617) 310-9000	
Name (Print/Type) Reza Mollaaghababa				Registration No.	. (Attorne	y/Agent)	43,810		
Signature		Bu	Mall	lacu	V	4		Date	May 4, 2001
		1				_			





PTO/SB/17 (11-00)

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 1,294.00

Not Yet Assigned Application Number May 4, 2001 Filing Date Ward D. Halverson First Named Inventor Not Yet Assigned **Examiner Name** N/A **Group Art Unit** Attorney Docket No. 101430-0131

	METHOD OF PAYME	NT	FEE CALCULATION (continued)					
	he Commissioner is hereby author		3. ADDITIONAL FEES					
<u> </u>	indicated fees and credit any overpayments to:			Large Entity Small Entity				
Deposit Account Number	141449		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Deposit			105	130	205	65	Surcharge – late filing fee or oath	
Account Name			127	50	227	25	Surcharge – late provisional filing fee or cover sheet.	
χ Charge A		pplicant claims small ntity status. See	139	130	139	130	Non-English specification	
	1.16 and 1.17	7 CFR 1.27	147	2,520	147	2,520	For filing a request for ex parte reexamination	
2. X p	ayment Enclosed	w -	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	,
X Check		y Order Other	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
	FEE CALCULATION	<u> </u>	115	110	215	55	Extension for reply within first month	
1. BASIC	FILING FEE		116	390	216	195	Extension for reply within second month	
Large Entity	Small Entity		117	890	217	445	Extension for reply within third month	
Fee Fee Code (\$)	. Fee uesci	ription Fee Paid	118	1,390	218	695	Extension for reply within fourth month	
101 710	201 355 Utility filing fe	ee 710.00	128	1,890	228	945	Extension for reply within fifth month	
106 320	206 160 Design filing	fee	119	310	219	155	Notice of Appeal	
107 490	207 245 Plant filing fe	ee	120	310	220	155	Filing a brief in support of an appeal	
108 710	208 355 Reissue filing	g fee	121	270	221	135	Request for oral hearing	
114 150	214 75 Provisional fi	iling fee	138	1,510	138	1,510	Petition to institute a public use proceeding	
	SUBTOTAL (1)	(\$) 710.00	140	110	240	55	Petition to revive – unavoidable	
	SUBTUTAL (1)	(3) 710.00	141	1,240	241	620	Petition to revive - unintentional	
2. EXTRA		from low Fee Pald	142	1,240	242	620	Utility issue fee (or reissue)	
Total Claims	48 -20** = 28 X 18	.00 = 504.00	143	440	243	220	Design issue fee	
Independent Claims	4 -3** = 1 x 80	.00 = 80.00	144	600	244	300	Plant issue fee	
Multiple Deper	ndent	=	122	130	122	130	Petitions to the Commissioner	
			123	50	123	50	Processing fee under 37 CFR 1.17(q)	
Large Entity	Small Entity		126	180	126	180	Submission of Information Disclosure Stmt	
Fee Fee Code (\$)	Fee Fee Code (\$)	escription	581	40	581	40	Recording each patent assignment per property (times number of properties)	
103 18 102 80	203 9 Claims in excess 202 40 Independent claim		146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
104 270	•	nt claim, if not paid	149	710	249	355	For each additional invention to be examined (37CFR 1.129(b))	
109 80	209 40 ** Reissue indepe		179	710	279	355	Request for Continued Examination (RCE)	
	over onginar pa		169	900	169	900	Request for expedited examination of a design application	
110 18	210 9 ** Reissue daims and over origin	in excess of 20 al patent	Other	fee (spec	cify)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	SUBTOTAL (2) (\$) 584.00 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)							
**or number previously paid, if greater; For Reissues, see above								
SUBMITTED	SUBMITTED BY Complete (if applicable) Registration No. 43,810 Telephone (617) 439-2514							
Mama (arint#s	Poza Mallanahahah	.a	Registi	ration No.	1/2	Q1Λ	Telephone (617) 430-2514	

SUBMITTED BY		Complete (Complete (if applicable)	
Name (print/type)	Reza Mollaaghababa	Telephone	(617) 439-2514	
Signature	Man Neillaan	M	Date	May 4, 2001

Fee Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL835823123US, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: May 4, 2001 Signature: 15 (Reza Mollaaghababa)